

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 02-01	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2002	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

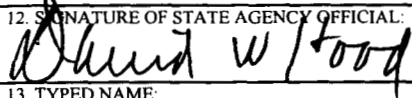
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1902 (a) (10) (A) (ii) (XVIII) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> \$ 2,143 b. FFY <u>2003</u> \$ 3,515
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, Page 23f	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None - New Page

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to establish a new optional eligibility group for women who are in need of treatment for breast or cervical cancer.**

11. GOVERNOR'S REVIEW (Check One):


☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material.**
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: March 19, 2002	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 27 MARCH 2002	18. DATE APPROVED: 17 APRIL 2002
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 JANUARY 2002	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: CALVIN G. CLINE	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Medicaid and State Operations, Region VI

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

April 17, 2002

Our Reference: SPA-LA-02-01

Mr. Ben Bearden, Director
Bureau of Health Services Financing
Department of Health and Hospitals
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

Dear Mr. Bearden:

We are pleased to enclose a copy of approved State Plan Amendment No. 02-01 with an effective date of January 1, 2002, as requested. This SPA extends full Medicaid benefits to the new optional categorically needy Medicaid eligibility group of women who have been screened under the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) under Title XV of the Public Health service Act, and found to have breast or cervical cancer, including pre-cancerous conditions. This group is described at section 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act.

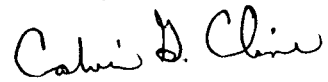
Concerning screening, Louisiana women are considered screened within the meaning of the CDC program if their clinical services were provided all or in part by the CDC Title XV funds. CDC Title XV grantees are those entities receiving funds under a cooperative agreement with the CDC to support activities related to the NBCCEDP. Based upon the original submission that you provided, transmittal number 02-01 is approved effective January 1, 2002. A copy of the HCFA-179, Transmittal Number 02-01 dated March 19, 2002 is enclosed along with the approved plan pages.

Your staff advised us that you have elected to include within the definition of women screened under the CDC program, those women who were screened by a provider or entity that receives some CDC Title XV funds. This includes screening services within the scope of a grant, sub-grant or contract under the State's program and where the CDC providers as screening activities furnished pursuant Title XV.

We look forward to working with you and your staff in implementing this new optional categorically needy Medicaid eligibility group. If you have any questions, please contact Joe Reeder at 214-767-4419.



Sincerely,

A handwritten signature in black ink, appearing to read "Calvin G. Cline". The signature is written in a cursive style with a large, prominent "C" at the beginning.

Calvin G. Cline
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure

STATE: LOUISIANA

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902 (a) (10) (A)
(ii) (XVIII) of the Act

X 24. Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

1920B of the Act

 25. Women who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information) to be a woman described in 1902 (aa) of the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

SUPERSEDES: NONE - NEW PAGE

A	
STATE <u>Louisiana</u>	
DATE REC'D <u>3-27-02</u>	
DATE APP'D <u>4-17-02</u>	
DATE EFF <u>1-1-02</u>	
HCFA 179 <u>LA 02-01</u>	

TN No. None - New page Approval Date: 4-17-02 Effective Date: 1-1-02
Supersedes
TN No. LA 02-01